

Section IV

APPENDICES

Reporting Form For Use in Conjunction with the Substance Abuse Block Grant and the Safe and Drug Free Schools and Communities Block Grant

In order to meet the requirements of both the Substance Abuse Block Grant and the Safe and Drug Free Schools and Communities Block Grant, the state must complete a report on prevention activities that includes a statement of the risk and protective factors that are addressed and a description of the populations that has been served, including gender, age and ethnicity (45 CFR, Part 96, pg. 17067). It is also required that evidence be provided that research based programming and/or evaluation is being conducted (Federal Register, June 1, 1998). To assist the state in meeting these requirements, prevention providers are required to complete the following two-page reporting form and submit according to instructions from their Regional Office.

GEORGIA PREVENTION MINIMUM DATA SET						
Summary Report						
1. Fiscal Year	2. Report for Quarter (circle one) 1 2 3 4			3. Contractor Name and Provider Name (if different)		
9. Name of Program				4. Program Contact Name		6. Region Number
				5. Contact Address		7. Contact Phone Number
						8. Contact Fax Number
10. Brief Description of Program						
11. Reports Attached for Services:			d.		12. Outcome Evaluation Code	
a.			e.		13. List Effective Programs Used	
b.			f.			
c.						
Primary Prevention Expenditures Table						
Strategy	SABG	SDFSC	Other Federal	State	Local	Other
Information Dissemination						
Education						
Alternatives						
Problem Identification and Referral						
Community-Based Process						
Environmental						
Other						
Tobacco/Synar						
TOTAL						

Part A

GEORGIA PREVENTION MINIMUM DATA SET Service Report (page ____ of ____)											
1. Fiscal Year		2. Report for Quarter (circle one) 1 2 3 4			3. Provider Name						
4. Service Name				5. Funding Source: SABG _____ or SDFSC _____				6. Tobacco Focused Service: Yes _____ No _____			
7. Service Strategy Code			8. Single/Recurring Service			9. Number of Sessions			10. Duration Hours per Session		
11. Risk Factor Code(s)		a.	b.	c.	12. Protective Factor Code(s)		a.	b.	c.		
13. Service Population Code				14. Total Number Served				15. Arena of Human Service Activity Code			
Demographics (year-to-date) Actual _____ or Estimated _____											
Age/Gender		15				35-39			Race/Ethnicity		
	Male	Female	16-17			40-44			White, not of Hispanic Origin		
0-4			18			45-49			Black, not of Hispanic Origin		
5-9			19-20			50-54			Asian/Pacific Islander		Other (list)
10-11			21-24			55+			Multiracial/Multiethnic		
12			25-29			Total			Native American		
13-14			30-34			Grand Total			Hispanic		

Part B

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal contract number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individuals(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI)
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (Planned) Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be make.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget. Paperwork Reduction Project (03 48-0046), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> contract <input type="checkbox"/> grant <input type="checkbox"/> cooperative agreement <input type="checkbox"/> loan <input type="checkbox"/> loan guarantee <input type="checkbox"/> f. loan insurance	2. Statue of Federal Action <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> bid/offer/application <input type="checkbox"/> initial award <input type="checkbox"/> post-award	3. Report Type <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> initial filing <input type="checkbox"/> material change For Material Change Only: year _____ quarter _____ date of last report _____
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4. Name and Address of Report Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier ____, if known: Congressional District, if known:	5. If reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime Congressional District, if known:
6. Federal Department/Agency: 	7. Federal Program Name/Description: CFDA Number, if applicable: _____
8. Federal Action Number, if known: 	9. Award Amount, if known: \$ _____
10. a. Name and Address of Lobbying Entity (If individual, last name, first name, MI)	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)
(attach Continuation sheet(s) if necessary)	
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify; _____
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind: specify: nature _____ value _____	
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11: (attach Continuation sheet(s) if necessary) 	

15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>
Federal Use Only:	

FY06 Provider Manual, Section IV, Appendices, 8 Pages
DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity: _____ Page ____ of ____

**Georgia Department of Human Resources
NOTIFICATION FORM FOR TITLE XX SOCIAL SERVICES**

Agency Name

DATE:

CASE ID:

Your application for social services has been given careful consideration. The following determination has been made:

I. 9 A. INITIAL DETERMINATION. You have been determined eligible 9 ineligible 9 for the following Title xxx Social Services:

Reason (if ineligible)

9 B. REDETERMINATION: You have been determined eligible 9 ineligible 9 for the following Title xx Social Services effective _____. The following Title xx Social Services have been/will be terminated:

Reason if (ineligible)

II. 9 You are still eligible for these Title xx Social Services:

However, if the following services will be:

A. Reduced effective:

Reason:

2. Terminated effective:

Reason:

III. 9 LIMITED ELIGIBILITY

You have been determined eligible for the following Title xx services

You have been determined ineligible for the following Title xx services

If for any reason you disagree with this decision you may request a hearing. You may request a hearing orally or in contacting this agency within 10 days of the date given at the top of this form. This agency will be glad to furnish the form (s); help you in filing your appeal and in any way possible to prepare for the hearing.

The hearing will be held in your county by a hearing officer. You may be represented at the hearing by legal counsel or other spokesperson. If you would like an attorney, contact this agency which can provide information about legal services that may be available in your community at no cost to you.

Form 5536 (Rev. 05-00)

Signature of Agency Representative

Georgia Department of Human Resources
Title XX Administration